

MDR Tracking Number: M5-04-0633-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 titled Medical Dispute Resolution of a Medical Fee Dispute, and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The disputed date of service 10-28-02 is untimely and ineligible for review per TWCC Rule 133.307 (d)(1) which states that a request for medical dispute resolution shall be considered timely if it is received by the Commission no later than one year after the dates of service in dispute. The Commission received this medical dispute on 10-30-03.

The IRO reviewed office visits w/manipulations, electrical stimulation, traction, and diathermy from 11-12-02 through 12-23-02.

The Medical Review Division has reviewed the IRO decision and determined that the **requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20-days to the date the order was deemed received as outlined on page one of this Order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 3-30-04, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice. The requestor failed to submit relevant information to support components of the fee dispute. No reimbursement recommended.

ORDER

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable for dates of service 11-12-02 through 12-23-02 in this dispute.

This Order is hereby issued this 15th day of April 2004.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

January 2, 2004

Rosalinda Lopez
Texas Workers' Compensation Commission
Medical Dispute Resolution
Fax: (512) 804-4868

Re: MDR #: M5-04-0633-01
IRO Certificate No.: IRO 5055

___ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is certified in Chiropractic Medicine.

Brief Clinical History:

This male claimant was injured while on his job on ___. An ongoing treatment plan was begun. The records indicated that the patient was referred for medication, as well as epidural steroid injections. An MRI revealed significant disc involvement. Bilateral C-6 radiculopathy was confirmed by EMG on 06/11/02. In addition, the patient was scheduled for cervical spine surgery. However, for unknown reasons, he chose not to proceed with the cervical surgery at this time, but to continue to have his injuries managed by conservative means.

The patient was initially taken off work and progressed to the point where he was able to return to work. However, his occupation is extremely physically demanding. Over the course of treatment, there was numerous documented acute exacerbations of the patient's condition that required periodic treatment to manage his injuries.

Disputed Services:

Electric stimulation, traction, modality/diathermy, and office visit with manipulation during the period of 11/12/02 through 12/23/02.

Decision:

The reviewer disagrees with the determination of the insurance carrier and is of the opinion that the treatment and office visits in dispute as listed above was medically necessary in this case.

Rationale:

The National Treatment Guidelines allow for treatment of injuries of this nature utilizing chiropractic care and therapy. Under normal conditions, utilization of ongoing passive therapies is not recommended. However, due to the extreme demands of this patient's occupation, as well as the results of the MRI and EMG, it is obvious that as long as he continues to work in this environment he will experience acute exacerbations of his chronic condition. At those times, additional care will be needed and warranted.

Based on review of the records, the patient may eventually need to undergo cervical spine surgery. However, until that time, his condition is being well managed through conservative chiropractic care and therapy. There is sufficient documentation on each date of service to warrant the treatment that was rendered.

I am the Secretary and General Counsel of ____ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Sincerely,